



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
REPRESENTATIVE REGISTRATION CANCELLATION
MOTOR CLUB SERVICES

Mailing Address

P.O. Box 5246
Columbia, SC 29250-5246

S.C. Code Ann. § 39-61-120 (d)

www.state.sc.us/consumer

803-734-4253/800-922-1594

Street Address

3600 Forest Drive
Columbia, SC 29204-4006

Company Name _____
Street Address _____
Mailing Address _____
City/State/Zip _____

It is requested that the representative's registration for the below-named representative be cancelled.

Last Name: _____ SSN: _____
First Name: _____
Middle Name: _____

Request Made By: (Check One) ☐ Company ☐ S.C. Department of Consumer Affairs

REASON FOR CANCELLATION

NOTE: Notice of termination of any club representative's authority to act on behalf of the club must be sent to this Department in writing within thirty (30) days of termination. See § 39-61-120(d)

Representatives ID card must be attached or a written explanation of why it can't be returned with this form.

I hereby certify the above information is true and correct.

SWORN AND SUBSCRIBED to and before me
this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

Signature Authorized Appointing Officer

For Department Use Only

Date Received: _____ Date Approved: _____
Company Code: _____